

Tuberculosis Contact Investigation Form

Submitted By:	
Date:	

Case					Contact										
Name: (last) (first) (MI) (also known as)						Priority of contact based on characteristics of Contact Investigation case								Contact Risk Factors (Mark Y = Yes or N = No in chart below)	
DOB:	Age:	RVC	T:				-	(please refer to CI Data Dictionary for definitions) Date					 Risk not identified < 4 years of age 		
Morbidity Date: County: Comments: Type: Cavitary							☐ Medium risk to transmit TB ☐ Low risk to transmit TB ☐ I					Date Interviewe	3. Contact to sputum Smear + 4. Contact to sputum smear negative with CXI cavitary 5. Congregate Setting 6. CXR consistent with previous TB		
☐ Pulmonary ☐ Non Pulmonary CXR Results: ☐ Noncavitary						Evaluation:								7. HIV infection 8. Medical risk factors	
Full Name of Contact	Date of Birth	Risk not ID'd	<4 years	Smear +	Smear - Cavitary	Cong Set	CXR- prev TB	HIV +	Medical	*Prior Positive (*See below)	PPD Resu	8 – 10 week retest	Chest - X-Ray	Treatment of LTBI	**Completion Date or Discontinued Due to (**see below):
1.											Date:	Date:	Date: Normal Abnormal	☐ Yes Date:	-
2.											Date: mm:	Date: mm:	Date: Normal Abnormal	☐ Yes Date:	-
3.											Date:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) ☐ ☐ No Reason:	-
4.											Date:	Date:	Date: Normal Abnormal	☐ Yes Date:	- - -
5.											Date: mm:	Date:	Date: Normal Abnormal	☐ Yes Date: Drug (s) ☐ No Reason:	- - -

*Prior Positive

**Completion date or discontinued due to:

- (1) = Follow-up needed(2) = Follow-up not needed
- (C) = Completed treatment
- (D) = Died during treatment(L) = Lost
- (M) = Moved & Records Referred
- (P) = Provider Discontinued Meds
- (R) = Refused to continue
- (T) = TB Disease Diagnosed